

No. 2  
13-40  
17-39  
X23150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28620

State File No. \_\_\_\_\_

FILLED SEP 9 1941

Registration District No. 413

Primary Registration District No. 5559 AG

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural MINERAL TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 miles North of Oronogo, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles North of Alba, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
year 1941 hour 6 minute P. M.  
21. I hereby certify that I attended the deceased from Feb  
1941 19   to Aug 4 1941 19  ;  
that I last saw her alive on Aug 3 1941 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to Lobar Pneumonia

Due to 100

Other conditions 100  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed [Signature]

3. (a) PRINT FULL NAME Mrs. Della Francis Flesher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Widowed 6. (c) Age of husband or wife if Deceased alive \_\_\_\_\_ years

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if Deceased alive \_\_\_\_\_ years

7. Birth date of deceased November 26 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 8 9 hr. \_\_\_\_\_ min.

9. Birthplace Montgomery County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

12. Name William Lott

13. Birthplace no data Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Scott

15. Birthplace no data Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Buckingham

(b) Address North of Oronogo, Mo.

17. (a) Burial (b) Date thereof 8/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Webb City, Mo.

19. (a) AUG. 5. 41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

P. O. Address Orlando, Fla.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**